

PTO/SB/21 (09-04)

1645  
CB**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/886,349        |
| Filing Date            | June 20, 2001     |
| First Named Inventor   | Skeiky, Yasir     |
| Art Unit               | 1645              |
| Examiner Name          | SWARTZ, Rodney P. |
| Attorney Docket Number | 014058-009070US   |

**ENCLOSURES (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
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| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
|---------|--|

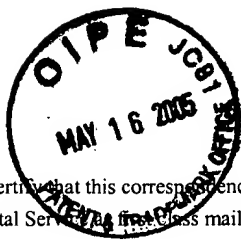
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                    |          |        |
|--------------|------------------------------------|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP |          |        |
| Signature    |                                    |          |        |
| Printed name | Chuan Gao                          |          |        |
| Date         | May 13, 2005                       | Reg. No. | 54,111 |

**CERTIFICATE OF TRANSMISSION/MAILING**

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| Signature             |                  |      |              |
| Typed or printed name | Patricia Andrews | Date | May 13, 2005 |



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On May 13, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Patricia Andrews

PATENT

Attorney Docket No.: 014058-009070US  
Client Ref. No.: 467-C5 and CX-00-0382

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

SKEIKY et al.

Application No.: 09/886,349

Filed: June 20, 2001

For: FUSION PROTEINS OF  
MYCOBACTERIUM TUBERCULOSIS

Customer No.: 20350

Confirmation No. 4456

Examiner: SWARTZ, Rodney P.

Technology Center/Art Unit: 1645

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 17, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.